DOCUMENT RESUME

ED 372 444 CS 508 640

AUTHOR Morgan, Steven D.
TITLE Communication Education as Social Support: Teaching Families with a Dying Member.
PUB DATE Apr 94
NOTE 19p.; Paper presented at the Annual Meeting of the Central States Communication Association (Oklahoma City, OK, April 7-10, 1994).
PUB TYPE Speeches/Conference Papers (150) -- Guides - Non-Classroom Use (055) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Communication Skills; *Death; Family Involvement; Grief; Helping Relationship; Higher Education; *Interpersonal Communication; Social Networks
IDENTIFIERS Communication Strategies; *Family Communication

ABSTRACT

Teaching communication skills to families with a dying member presents unique challenges. As M. R. Parks' critique of interpersonal communication literature suggests, it is important to keep in mind the larger social context surrounding the person dying and to maintain a balanced perspective of information exchange (e.g., self-disclosure) and information control (e.g., privacy) in the interaction. In addition, the critique by T. L. Albrecht and M. B. Adelman of social support literature offers insights and challenges to the idea of "teaching as social support." The concepts of teacher/learner reciprocity and uncertainty reduction are especially helpful in understanding how to best approach teaching communication skills in this unique context. (Contains 15 references.) (RS)

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ED 372 444

Communication Education as Social Support: Teaching Families with a Dying Member

Steven D. Morgan

Southern Illinois University

A paper presented at the Annual Meeting of the Central States Communication Association, Oklahoma City (April, 1994).

CS508640

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Introduction

Studies on communication and dying have found that communication interaction is difficult for people who are dying and for their family and friends (Fieweger & Smilowitz, 1984; Hayslip, 1986; Kellehear & Lewin, 1989; Moore, 1983-84). Much of the difficulty may be situated in a lack of exposure and education regarding death and dying. I propose that teaching communication skills to families with a dying member is a potentially effective way of offering social support and, thus, making the dying experience more positive.

In this paper, I use Parks' (1982) critique of interpersonal communication research and the Albrecht and Adelman (1984) critique of social support research as a foundation for discussing "teaching as social support" for the dying. After a brief summary of both papers, I relate the relevant issues of social context and intimacy with death and dying. Next, I use the concepts of communication function, uncertainty reduction, reciprocity, and information exchange/control to unfold how teaching can be effectively used as social support. Finally, I discuss contagion effect and impression management as challenging issues involved in teaching families with a dying member.

The "Ideology of Intimacy"

Parks (1982) argues that values and personal opinions have clouded interpersonal communication research. More specifically, he says that the idea of intimacy between individuals has been conceptualized as "something which is independent of cultural roles or group identities" (p. 79). Many definitions of interpersonal communication "display a heightened concern with the personal self" (Parks, 1982, p. 79) and appear to be "peculiarly divorced from the larger social structures and expectations" (p. 80). In addition, his literature review indicates that research on self-disclosure has added to the separation. Many studies imply that self-disclosure, intimacy, and interpersonal communication are synonymous (Parks, 1982).

Parks (1982) says that this ideology of intimacy "has ignored or devalued . . . information control" and "the social functions of 'weak' or non-intimate relationships" (p. 89). He argues that privacy, secrecy, and deception all contribute to a balanced view of interpersonal communication and that non-intimate relationships have been ignored by interpersonal communication scholars. The need for locating interpersonal communication in a context larger than intimacy is addressed from a slightly different perspective in Albrecht and Adelman's (1984) review of the social support and life stress literature.

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Social Support and Life Stress

Albrecht and Adelman (1984) offer a significant review of social support research, affirming that "the health and happiness of people are embedded within larger social contexts" (pp. 3-4). Although social support is a broad concept, they have summarized the conceptual definitions to include emotional caring, perceived control over environment, and social interaction. In addition, they cite House's (1981) list of specific operational definitions for support: "the expression of emotional support (esteem, affect, trust); the communication of appraisal support (affirmation, feedback); giving information (advice, suggestions); and providing instrumental support (money, labor, time)" (Albrecht & Adelman, 1984, p. 5).

Albrecht and Adelman (1984) report that people who share a context with persons needing support are more effective as support givers. This may be because "such individuals are more familiar with the intensity of the situation, share a common meaning for environmental symbols with the receiver, and therefore may play a special role in the uncertainty reduction process" (Albrecht & Adelman, 1984, p. 7). In addition, community caregivers, such as teacher, doctors, bartenders, and hairdressers, tend to offer a unique support because of

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their non-intimate relational position. The visible and accessible nature of the community roles contribute to their perceived success as social support (p. 8).

Albrecht and Adelman (1984) report that "supportive communication behavior serves to meet a recipient's needs for venting feelings, reassurance, and improving communication skills" (p. 8). Their review also shows that supportive communication "functions to reduce uncertainty during times of stress, provides resources and companionship, and aids in mental and physical recovery" (p. 8-9). Further, the reduction of uncertainty encourages interaction and facilitates increased self-disclosure (p. 17). Uncertainty reduction seems to be facilitated, at least partially, by reciprocity in the supportive relationship (p. 12).

To summarize, Parks' (1982) critique of interpersonal communication research and the Albrecht and Adelman critique of social support research both affirm that inclusion of the larger social context is essential for a complete picture of communication interaction. For Parks (1982) this means that interpersonal communication includes not only intimate interaction but, also, non-intimate encounters. Similarly, Albrecht and Adelman (1984) contend that to understand social support, it is necessary to understand that "people are embedded within

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larger social contexts" (p. 4). For families with a dying member, the social context generally includes many different sources of supportive interaction.

A Context for Communication and Dying

When a person is dying in this culture, the web of interaction is inherently complex, especially in cases of extended terminal illness. People involved in the process include doctors, nurses, social workers, ministers, insurance workers, funeral directors and, most significantly, family and friends. Many of these relationships are task oriented or information based, while others are more intimate and affect centered. Though the nature and functions of these relationships vary widely, all of them are essential if the needs of the dying person are to be met.

Parks (1982) says that "interrelational effects interact and fan out to produce larger social phenomena. The result is that we can not understand either individual relationships or larger social phenomena in isolation" (p. 89). This is particularly evident when a group of people from different backgrounds and professions are all drawn together to assist and support a person who is dying. To understand communication is such a setting, it is necessary to be aware of the complexity of societal ideas,

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functional roles, family dynamics, and personal relationships all surrounding the individual. Although no single study could unfold all of these issues in great depth, understanding the communication interaction of any one of them requires some knowledge of the others.

Both critiques also emphasize the value of non-intimate or public roles. Parks (1982) says that "research has documented the importance of less intimate relationships in diffusing information about health and family-planning issues" (p. 93). With dying, it may take a "less intimate" professional to explain to the patient what they can expect physically as they get closer to death. This information can be extremely important in relieving the anxiety of both the patient and his or her family. Most intimates do not have the medical or experiential expertise to communicate this information effectively.

Albrecht and Adelman's (1984) review of social support literature indicates that "community caregivers," being those "who are outside of a person's normal circle of contacts" (p. 8), play an important role in supportive communication. They also note that relationships with these individuals "tend to be inherently nonintimate" (p. 8). Many of the persons listed above as being potentially a part of a dying persons social network fall into this

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nonintimate category. While those who are emotionally intimate with the dying person are obviously essential in the process, the network of "community caregivers" also offers much support.

Any valid study of communicating with the dying must include an awareness of the larger social context involved in the phenomenon, including sources of support found in intimate and non-intimate relationships. The possibilities for studying communication in this setting are broad and varied. At this point, further discussion of issues related to pedagogy will be helpful.

Teaching as Social Support

Kathleen MacInnis (1992), a Hospice nurse, writes: "I have seen a lot of people die, and though each death was sad, some were better than others. Expectant couples take classes to prepare for the birth of a child. I think someone should talk to you about preparing for death" (p. 120). Teaching families with a dying member communication skills is based on the idea that some deaths are "better than others." Although some of the reasons have to do with physical conditions, some have to do with the quality of communication that takes place leading up to the death (Detmer & Lamberti, 1991; Fieweger & Smilowitz, 1984-85; Gotcher, 1992; Hinton, 1980). The goal of teaching

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communication skills in such a unique setting is to improve family communication interaction and, thus, increase the chances of having a "good death." In this context, teaching becomes a means of offering social support to a dying person and his or her family and, in addition, teaching can assist the family in become better support for each other.

Albrecht and Adelman (1984) conclude that "supportive communication behavior serves to meet a recipient's needs for venting feelings, reassurance, and improved communication skills" (p. 8). Thus, it clearly follows that equipping families with the skills to engage in "supportive communication behavior" is important. Not only does an educational setting provide a supportive environment where venting and reassurance can take place, it also offers people the chance to learn supportive communication behaviors and assist each other in daily family interaction. Further, "support occurs when givers provide information that enhances the communication skills of the recipient" (Albrecht & Adelman, 1984, p. 9). Thus, teaching information on listening, talking about death and dying, and sharing feelings can be especially beneficial to families with a dying member.

Teaching can also function as a means of reducing uncertainty. Albrecht and Adelman (1984) say that

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uncertainty is significantly reduced in supportive communication where there is reciprocity. More specifically, the "balanced give and take of affect and information" (p. 17) can reduce uncertainty about circumstances and about each other. Thus, if it is to be effective in reducing uncertainty, "teaching as supportive communication" must stem from a reciprocal relationship between "teacher" and "student." Traditional views of teachers as all-knowing and impersonal are not appropriate in the context of death and dying.

Kubler-Ross (1969) affirms that the dying have a lot to teach us. Most of what I know about communicating with those who are dying comes from personal experiences with the death of family members and Hospice patients. People facing death have taught me how to express the emotions of love and fear. They have also taught me valuable information such as the importance of being sensitive to a dying person's perception of his or her situation and the problems of engaging in too much small talk. Not only do the dying have a need to learn from others, they also have a lot to teach about effective communication. If "teaching as support" is to be successful, it is essential that the reciprocal relationship is accepted.

I do not mean to imply, by the discussion of reciprocity, that teaching families about communication

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and dying requires the development of a deeply intimate relationship with the dying person and his or her family. The teacher could quite successfully take on the role of non-intimate "community caregiver" as discussed by Albrecht and Adelman (1984). However, if the supportive interaction is to be effective, according to Albrecht and Adelman's review, a degree reciprocity in sharing emotion and in self-disclosure is necessary. At this point, a discussion of Parks' (1982) ideas on information exchange and control will be helpful.

Parks (1982) argues that interpersonal communication research must focus more attention on non-intimate communication, rather than assuming that "interpersonal" and "intimate" are synonymous. He makes an argument for privacy, secrecy, and deception as valid components of interpersonal interaction. In teaching about communication and dying, privacy becomes an important issue of information control.

The process of dying is an extremely vulnerable experience for both the dying person and his or her family (Detmer & Lamberti, 1991). In this culture, we are very accustom to being in control and death presents us with a painful situation in which we cannot control the outcome, only the process. It is a very personal experience and demands the degree of privacy desired by the family. This

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means that the family, not the teacher, needs to establish the balance between self-disclosure and privacy according to their comfort level. Activities in the learning experience should be carefully established to develop skills without betraying privacy.

Parks (1982) says that he views interaction "in terms of a dialectic balance between actions which open the individual to others and actions which restrict access to the individual" (p. 90). This may be most intensely true in the experience of dying, where a person shares his or her deep feelings and emotions with loved ones and, at the same time, withdraws from them. The withdrawal may be motivated by fear of upsetting family members (Kellehear & Lewin, 1989), feelings of vulnerability (Detmer & Lamberti, 1991), the avoidance of others (Hayslip, 1986) or, it may simply be a part of relational conclusion (Fieweger & Smilowitz, 1984). Regardless of the reasons for withdrawing, it must be accepted as a valid part of the person's interactional experience with dying. This does not mean that efforts to keep the dying person from becoming isolated are inappropriate. It only points to the fact that the balance between opening up and closing down is a significant part of the process.

The issue of information control also becomes an ethical issue when placed in the context of education. It

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is important to specify that the role of "teacher as support" should not be construed to be "teacher as counselor." Many recent essays on teaching family communication have emphasize the need to keep these roles clearly separate (e.g., Allen & Crosbie-Burnett, 1992; Berko, 1991; Galvin, 1992; Whitchurch, 1993). The problem is quite manageable when teaching in a Hospice setting because of the team approach to caring for the dying. In addition to many other support personnel, social workers and clergy interact with the families regularly. Issues that might be ethically questionable for a teacher to deal with can be appropriately directed to these additional support sources. In addition to this ethical issue, Albrecht and Adelman (1984) list the "contagion effect" and "impression management" as limitations of social support. These are especially relevant to the present discussion and are considered below.

Limitations of Teacher as Social Support

The contagion effect presents the possibility that providers of support can get tired, worn out, and depressed because of the intensity of the task. Albrecht and Adelman (1984) say that the idea of contagion "suggests that the problem ventilated or unburdened needs to be resolved--for both the recipient and the provider--

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in order that the uncertainty does not become multiplied in the system" (p. 23). As they admit, there is little research on this topic so I will speculate about its relation to communication and dying.

There may be problems for which people need support where resolution or relief is quite easy to provide, however, death is not such a problem. As I stated earlier about dying, people have no control over the outcome, only over the process. Obviously, when functioning as support for someone who is dying, there is no way possible to resolve the underlying "problem" (i.e., the fact that they are going to die). On the other hand, through teaching communication skills and providing information about dying, a person can be helped to begin seeing death as a part of life, rather than as a problem. MacInnis (1992) says quite candidly, "not enough nice things are said about death; it gets a bad press. The patients I have talked to really enjoyed it. Maybe you'll like it" (p. 120). Dealing with the contagion effect means trying to change perspectives of death, not trying stop its occurrence.

It is also necessary to realize that every effective teacher has feelings and will experience them while interacting with the dying. The reciprocal nature of the support function implies that the dying person will also

offer support in return. If the learning relationship is to be effective in reducing uncertainty, reciprocated support must be graciously accepted.

In regard to impression management, Albrecht and Adelman (1984) state that "obtaining support from others may prove costly to an individual's sense of power and self-worth" (p. 24). In a society so concerned with appearances, this issue is especially poignant. Not only are the dying person's physical appearances changing, but the ability to be mobile and maintain control of personal affairs and decisions is also threatened. Accepting the support of others is extremely difficult for some people and, many will resist until the help is absolutely necessary.

It is important that teachers in this setting be very sensitive to patient and family needs for a sense of control and self-worth. If a teacher is perceived as being superior or dishonest, uncertainty may be increased, making it seem "more functional **not** to engage in interactions" (Albrecht & Adelman, 1984, p. 24). One study reported that "patients were aware of the inconsistencies" when others were unnaturally cheerful around them or told them that they looked good when it was not true (Gotcher, 1992, p. 20). This type of interaction appears condescending or dishonest and

functions to raise uncertainty. Genuine reciprocity, supported by honest yet sensitive talk seems to be an appropriate way to deal with the patient's concern about impression management.

Conclusion

Teaching communication skills to families with a dying member presents unique challenges. As Parks' (1982) critique of interpersonal communication literature suggests, it is important to keep in mind the larger social context surrounding the person dying and to maintain a balanced perspective of information exchange (e.g., self-disclosure) and information control (e.g., privacy) in the interaction. In addition, the critique by Albrecht and Adelman (1984) of social support literature offers insights and challenges to the idea of "teaching as social support." The concepts of teacher/learner reciprocity and uncertainty reduction are especially helpful in understanding how to best approach teaching communication skills in this unique context.

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